

CRITERIA FOR PRIOR AUTHORIZATION

Benzodiazepine Medications – Safe Use for All Ages

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require prior authorization as outlined in the criteria below:

Alprazolam (Xanax®, Xanax XR®, Alprazolam Intensol®, Niravam ODT®)
Chlordiazepoxide (Librium®)
Clonazepam (Klonopin®)
Clorazepate (Tranxene-T®)
Diazepam (Valium, Diazepam Intensol®)
Estazolam (ProSom®)
Flurazepam (Dalmane®)
Lorazepam (Ativan®, Lorazepam Intensol®)
Oxazepam (Serax®)
Quazepam (Doral®)
Temazepam (Restoril®)
Triazolam (Halcion®)

*Clinical prior authorization criteria only applies to oral benzodiazepines.

*Onfi® is not included in this PA criteria due to its current exclusive use as adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in patients 2 years and older.

CRITERIA FOR PRIOR AUTHORIZATION FOR BENZODIAZEPINES:

- **DOSING LIMITS:**
 - Doses exceeding those listed in Table 1 will require a prior authorization
 - Prior authorization will require a written peer-to-peer review with the health plan psychiatrist, medical director, or pharmacy director for approval, followed by a verbal peer-to-peer, if unable to approve written request.
 - Prescriber has reviewed controlled substance prescriptions in the Prescription Drug Monitoring Program (PDMP) (aka K-TRACS).
 - If patient is concurrently on a CNS depressant (e.g. opioid), prescriber has reviewed and will address the increased risk of respiratory depression with the patient.
- **MULTIPLE CONCURRENT USE:**
 - Three or more different benzodiazepines used concurrently within 30 days will require a prior authorization:
 - Prior authorization will require a written peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval, followed by a verbal peer-to-peer, if unable to approve written request.
 - Patients with documented seizure diagnosis will automatically be approved.

LENGTH OF APPROVAL: 12 Months

RENEWAL CRITERIA: Patient is stable and has been seen in the past year.

TABLE 1. ORAL BENZODIAZEPINE DOSING LIMITS

| Drug | Max Daily Dose |
|------------------|----------------|
| Alprazolam | 8mg |
| Chlordiazepoxide | 300mg |
| Clonazepam | 20mg |
| Clorazepate | 90mg |
| Diazepam | 40mg |
| Estazolam | 2mg |
| Flurazepam | 30mg |
| Lorazepam | 10mg |
| Oxazepam | 120mg |
| Quazepam | 15mg |
| Temazepam | 30mg |
| Triazolam | 0.5mg |

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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